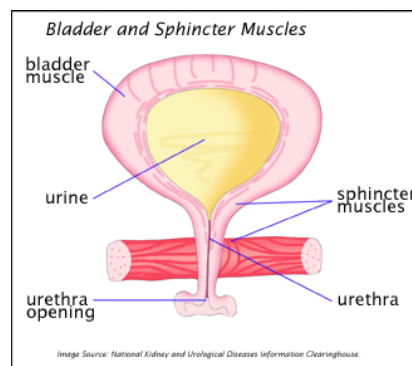
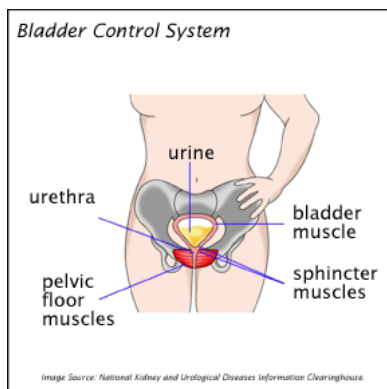


## Urinary Incontinence

### What is urinary incontinence?

Urinary incontinence is uncontrollable leaking of urine from the bladder. When the bladder is functioning normally, it does not empty without your awareness and control.

Urinary incontinence becomes more common as people get older. It is an embarrassing problem for as many as one in three Americans age 60 or older. The condition is at least twice as common among women as men.



### How does it occur?

The most common kind of urinary incontinence in women is **stress incontinence**, in which urine leaks during lifting, exercise, coughing, sneezing, or laughing. It is caused by relaxed pelvic muscles that may have been stretched or torn during child-bearing.

**Overflow incontinence** is common in older men when an enlarged prostate gland constricts the urethra. (The urethra is the tube through which urine drains from the bladder.) This causes small amounts of urine to leak from a bladder that never completely empties and is often full.

**Urge incontinence** is an inability to hold the urine once the urge to urinate occurs. You are unable to get to the bathroom in time. It often occurs with Parkinson's disease, stroke, or multiple sclerosis. It can occur in healthy people, too.

---

---

Incontinence may be caused or made worse by a simple underlying problem that can be corrected. Examples of such problems include:

- constipation
- irritation due to infection
- a stone in the bladder
- use of diuretics ("water pills")
- thinning of tissue due to lack of estrogen (especially after menopause), which may weaken urethral muscle.

### What are the symptoms?

Symptoms include:

- ♦ leakage of urine during exercise, laughing, coughing, sneezing, or lifting
- ♦ urine leaks in frequent dribbles
- ♦ inability to hold urine long enough to get to the toilet
- ♦ embarrassing smell on clothes and in the house.

### How is it diagnosed?

Your health care provider will take a careful history and examine you to see if the incontinence is caused by an underlying condition that can be corrected. Your blood and urine will be checked for infection or other abnormalities.



You may be referred to a urologist or gynecologist for further investigation and treatment. (A **urologist** is a doctor who specializes in disorders of the urinary tract in both men and women and in the reproductive tract of men. A **gynecologist** specializes in women's health care and especially in disorders of the reproductive tract of women.)

### How is it treated?

Treatment for urinary incontinence can include:

- Kegel exercises to strengthen weak pelvic muscles in women. The muscles can also be tightened by surgery.

---

---

Medication that tightens the urethral muscle, stimulates the bladder to empty, relaxes an irritable bladder, or treats infection.

Bladder training, which teaches you to empty the bladder on schedule rather than waiting until you feel the urge.

A pessary, which is similar to the outer ring of a diaphragm. This is inserted up around a woman's cervix, where it gives support to the pelvic muscles and helps prevent stress incontinence. Your doctor may advise a pessary to support lax pelvic muscles if this is contributing to the incontinence.

Incontinence pads, available in all sizes and degrees of absorbency, to decrease chances of accidents.

A collecting device fitted over the male penis to hold urine.

Catheters inserted into the bladder so that it can be mechanically drained on schedule. This is usually done only as a last resort.

Surgery.

## **Can urinary incontinence be prevented?**

You may not be able to prevent urinary incontinence before it occurs because it is a symptom of several possible underlying problems, rather than a condition with a single cause. This is why it is important to discuss incontinence with your health care provider.

Stress incontinence, which is common in older women, can often be controlled or helped by doing Kegel exercises regularly. Kegel exercises strengthen the muscles around the neck of the bladder that prevent urine escaping. To learn which muscles you need to strengthen, try to stop the flow of urine the next time you go to the bathroom. One of the ways to do Kegel exercises is to tighten these muscles for a count of four and then relax them. Repeat this tightening 10 to 20 times. Do this exercise several times each day. Expect improvement in about 2 months if you do the exercises faithfully. Vaginal muscle tone will

---

---

improve at the same time, which may make you more sexually responsive.

If you have urge incontinence, bladder training can make all the difference in your life. Instead of waiting for your bladder to signal the need to urinate (which is too late for many people), set a schedule for emptying your bladder. Use the toilet 20 to 30 minutes after each meal, at least twice between meals, and before you go to bed. You can set a timer to remind you. Adjust the schedule as you learn the frequency that best meets your needs. Use incontinence pads if you need to. Change them regularly.

Overflow incontinence is caused by enlargement of the prostate, which is common in older men. It can sometimes be prevented by medication when early symptoms of prostate enlargement, such as frequent urination, appear.

Arrange your life so you stay within easy reach of a bathroom. Have a night-light in your bathroom. Don't try to hold your urine, and be willing to ask where the toilet is when you are away from home.

Drink plenty of fluids. Don't try to control urinary incontinence by cutting back on fluids. It won't help and may even be harmful to you.

### **How can I take care of myself?**

- ◆ Consult your health care provider if you begin to have urinary incontinence. Follow his or her advice for correcting or managing your incontinence.
- ◆ If you are a woman who has stress incontinence, do Kegel exercises regularly.
- ◆ Train your bladder as far as possible to empty on a regular schedule.
- ◆ Use incontinence pads if you need to as a last resort. (The pads are expensive.) Be sure to change the pads regularly.
- ◆ Keep your groin area as clean and as dry as possible.

For more information, call or write:

National Association for Continence  
P.O. Box 8310  
Spartanburg, SC 29305  
800-BLADDER (252-3337)

---

---

Web site: <http://www.nafc.org>

Education, advocacy, and support to the public and health professionals about the causes, prevention, diagnosis, treatment, and management alternatives for incontinence

The Simon Foundation for Continence

P.O. Box 835

Wilmette, IL 60091

800-23SIMON (237-4666)

Web site: <http://www.simonfoundation.org>

Information on incontinence in books, on tape, and via newsletter

**Developed by Ann Carter, MD, for McKesson Clinical Reference Systems.**

**This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.**